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June 12, 2009

TO: Each Supervisor
FROM: *Robin Kay for*
Marvin J. Southard, D.S.W.
Director of Mental Health
SUBJECT: **JUNE 2009 QUARTERLY REPORT
MENTAL HEALTH SERVICES ACT IMPLEMENTATION**

This report is the fourth quarterly Mental Health Services Act (MHSA) Implementation Status Report for Fiscal Year 2008-09. The information included in this report provides an update on the Department's implementation of MHSA programs and services for the months of March through May 2009.

Since the last report on March 12, 2009, the following additional MHSA activities have been or are being accomplished:

Reporting Period	MHSA Plan/Activity	Status/Accomplishments/Future Milestones
March thru May 2009	MHSA Implementation	<p>The Department submitted the MHSA Annual Update for public comment on March 20, 2009. In addition to the plan being posted on the Department's web site, local stakeholders had two opportunities to hear the plan and comment in person at March 26th and April 23rd public hearings convened by the Mental Health Commission. The Annual Update was submitted to the State on April 30, 2009.</p> <p>Through additional transformation opportunities this Fiscal Year, the Community Services and Supports Plan was expanded to establish or expand 32 Field Capable Clinical Services (FCCS) programs and 11 Full Service Partnership (FSP) programs across age groups, 8 Wellness Centers, 2 Alternative Crisis programs, 2 outreach and engagement programs, and 2 programs targeting probation children and transition age youth with co-occurring mental health and substance abuse disorders.</p>
March thru May 2009	Information and Technology (IT) Plan	California Department of Mental Health's (CDMH) review of the IT Plan is in process. In the interim, Department of Mental Health (DMH) is developing Phase II of the IT Plan to request the additional \$21.9 million of MHSA funding available to the County for information technology projects.

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March thru May 2009	Capital Facilities (CF) Plan	Capital Facilities proposal plan was drafted and submitted for internal review.
March thru May 2009	Incubation Academy	<p>On October 10, 2008 an interest letter and a survey were sent to 125 community-based organizations. The letters were addressed to agencies who could offer mental health services under MHSA, but who had failed to meet the minimum requirements for contracting with the Department, attendees of several community forums and individual referrals made by Department members.</p> <p>Based on the response to the surveys, attendees were invited to the Basic Session of the Incubation Academy held January 12–15, 2009. 25 DMH staff covered 12 topic areas. 44 attendees representing 22 agencies were in attendance.</p> <p>Furthermore, the Advance Session was conducted on February 23–25, 2009. 18 DMH staff covered 9 topic areas. 44 attendees representing 30 agencies were in attendance.</p> <p>Second quarter sessions were held April 27–30, 2009 for the Basic session, with 34 agencies in attendance, and May 26–28, 2009 for the Advanced session, with 20 agencies attending. Currently there are 39 and 35 agencies interested in attending the Basic and Advanced sessions, respectively.</p> <p>The Academy will continue providing a Basic and Advanced sessions on a quarterly bases.</p> <p>Next Steps: Development of a Request for Proposal for:</p> <ul style="list-style-type: none"> • Administrative, financial, and technical support, as well as providing in-depth training on specific topics. • Legal entities currently contracted with DMH to provide "mentorship" and/or sponsorship to community based organizations. • Qualifying agencies to provide non-traditional mental health services, particularly for the areas of prevention and outreach.
March thru May 2009	Regional Partnership	In January 2009, DMH submitted its Workforce Education and Training (WET) Regional Partnership application for \$1.8 million to CDMH and received approval on February 24 th . The Los Angeles Regional Partnership is intended to identify, develop and facilitate collaborative relationships between the academic community and the public mental health system in Los Angeles County. The broad goals are twofold: (1) To facilitate the adoption and adaption of

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March thru May 2009	Regional Partnership (Cont'd)	Evidence Based Practices (EBPs) into a mainstream public mental health care, and (2) to gain the support and participation of the academic research community in conducting evaluation activities on topics of particular interest to DMH including those related to workforce development and program implementation and effectiveness. DMH has named a Regional Partnership Coordinator, and preparation of a Board letter is underway.
March thru May 2009	Workforce Education and Training (WET) Plan	<p><u>March 2009</u> The WET Advisory Committee met on March 20, 2009 to operationalize details for certain Action Plans to be funded for remainder of FY 2008-09, and FY 2009-10.</p> <p>Presentation of the WET multi year plan, including FY 2009-10, was conducted at the System Leadership Team (SLT) Meeting, Delegates Meeting and Public Hearing. The multi year budget and FY 2009-10 plans were approved. WET budget for FY 2009-10 was presented at the Public Hearing as part of the Annual Plan Update submitted by the Department.</p> <p><u>April 2009</u> WET Plan was approved by the State on 4/08/09, and official notice received 04/13/09.</p> <p><u>May 2009</u> WET Administrative staff hired, totaling 5 staff.</p> <p>WET Advisory Committee met on May 15, 2009. Topics for discussion included amending Masters of Social Work (MSW) and Marriage and Family Therapy (MFT) criteria for staff selection and work commitments. The number of allotted slots for MSWs (52) and MFTs (72) remained the same. The possibility of adding stipends for psychologists, psychiatric technicians, and psychiatric nurse practitioners was addressed.</p>
March thru May 2009	Prevention and Early Intervention (PEI) Plan	<p>The target date for submission of the PEI Plan to the state is June, 2009.</p> <p><u>March 2009</u> Each of the eight 29-member Ad Hoc Service Area PEI Steering Committees completed their work and submitted to DMH their recommendations for the County's PEI Plan regarding priority populations and PEI program strategies for their respective areas, based upon findings from the needs assessment activities (key individual interviews, focus groups, data profiles) and community forum data.</p>

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March thru May 2009	Prevention and Early Intervention (PEI) Plan (Cont'd)	<p><u>March 2009- (Cont'd)</u></p> <ul style="list-style-type: none"> Following the same process as that of the Service Area committees, a ninth 15-member Ad Hoc PEI Steering Committee for Countywide Populations completed its work and submitted their recommendations for the County's MHSA PEI Plan for six special populations (American Indians, deaf/hard-of-hearing, gay/lesbian/bisexual/transgender, juvenile justice, veterans, and countywide health plans). The California Institute for Mental Health (CiMH) finalized a compendium of evidence-based, promising, and emerging practices, known as the Prevention and Early Intervention Evidence-based Practices and Promising Practices Resource Guide for Los Angeles County. The guide was used to inform the deliberations of the eight Service Area PEI Steering Committees, as well as the Countywide Populations Steering Committee, as they identified priorities to be addressed in the County MHSA PEI Plan. The guide also contains information that will help in the development of the PEI Plan. <p><u>April 2009</u></p> <ul style="list-style-type: none"> The Department's MHSA PEI administrative team synthesized the recommendations for priority populations and PEI program strategies from the nine Ad Hoc PEI Steering Committees (eight service area-based and one countywide) into ten projects that will be included in the draft PEI Plan for Los Angeles County: School-based Services; Family Education and Support Services, At-risk Family Services, Trauma Recovery Services, Primary Care and Behavioral Health, Early Care and Support for Transition Age Youth, Juvenile Justice Services, Early Care and Support for Older Adults, Improving Access for Underserved Populations, and American Indian Project. CiMH concluded its assessment of 300+ applications that were submitted in response to the Department's December 2008 solicitation for community-defined evidence (CDEs) practices. Those practices that were determined to meet the criteria for CDE will be included in the second edition of the PEI Evidence-based Practices and Promising Practices Resource Guide for Los Angeles County. Those that align with priority populations/subpopulations and service strategies identified by the ad hoc steering communities may be included in the PEI Plan. The PEI administrative team developed the first draft of the MHSA PEI Plan.
Reporting Period	MHSA Plan/Activity	Status/Accomplishments/Future Milestones

March thru May 2009	Prevention and Early Intervention (PEI) Plan (Cont'd)	<p><u>May 2009</u></p> <ul style="list-style-type: none"> • The PEI administrative team incorporated eleven CDEs into the draft PEI Plan, which includes a total of 50 unique PEI interventions. • The draft PEI Plan for Los Angeles County was presented to the MHSA Stakeholder Delegates on May 22, 2009, for review and comment. A ten-page handout highlighting the key elements of the PEI Plan was distributed at the meeting. • The draft PEI Plan for Los Angeles County was posted on the LACDMH PEI web site on May 26, 2009, for the 30-day public review and comment period. The draft PEI Plan can be accessed at http://dmh.lacounty.info/mhsa/index.html. An announcement was mailed to the entire PEI stakeholder distribution list. Comments must be received prior to June 24, 2009.
March thru May 2009	Prevention and Early Intervention (PEI) Community Program Planning Funds (CPP)	DMH is in the process of designing the projects and programs for these funds. The projects include: Early Start Suicide Prevention Training, Early Start School Mental Health and Violence Prevention Training, Strategies for Suicide Prevention, Incubation Academy, Evaluation Planning, and Communications and Public Information.
March thru May 2009	Prevention and Early Intervention (PEI) Early Start (ES) Plan	The State approved our \$11,678,400 PEI Early Start Plan on March 26, 2009. The plan calls for programs to be developed around reducing school violence, reducing stigma and discrimination, and suicide prevention. The School Violence Prevention Project will be a collaborative among DMH, LAPD, LAUSD, and the Los Angeles County Office of Education. Suicide Prevention will focus primarily on the establishing of bilingual suicide prevention hotlines and in-person services and training for staff. Stigma and discrimination will focus on education, support and outreach activities designed to reduce stigma and discrimination related to mental health consumers and services. The Department is exploring bidding and contracting options for these various programs.

Full Service Partnerships (FSP)

As of May 31, 2009, FSP authorizations increased for all age groups with the exception of children which decreased by 16 authorizations due to a change in a FSP provider site in Service Area I. The Department is determining the best method for re-allocating the slots originally awarded to the provider that is no longer providing mental health services. The following data highlights the percentage change in FSP authorizations for all age groups for entire Fourth Quarter (4Q), as well as the change for each month reported in the quarter. This report reflects the cumulative number of authorizations for each age group.

Authorization data for FSPs for all age groups is as follows:

- **Children:** The number of available slots decreased to 1,725. The total number of authorizations reported at the end of the Third Quarter (3Q) was 2,490. The number of authorizations increased from the Third Quarter by 13.5%, from 2,490 to 2,827.
- **TAY:** The number of available slots increased to 1,157. The total number of authorizations reported at the end of the Third Quarter was 1,806. The number of authorizations increased from the Third Quarter by 10.8%, from 1,806 to 2,001.
- **Adult:** The number of available slots increased to 4,159. The total number of authorizations reported at the end of the Third Quarter was 4,650. The number of authorizations increased from the Third Quarter by 15.2%, from 4,650 to 5,357.
- **Older Adult:** The number of available slots increased to 295. The total number of authorizations reported at the end of the Third Quarter was 364. The number of authorizations increased from the Third Quarter by 7.1%, from 364 to 390.

The following grid outlines Fourth Quarter data for FSP authorizations for all age groups.

Age Group	March 2009	April 2009		May 2009		4Q Totals
	# Served	# Served	% Increase from March 2009	# Served	% Increase from April 2009	% Change for 4Q
Child	2,615	2,748	5.1%	2,827	2.9%	8.1%
TAY	1,872	1,932	3.2%	2,001	3.6%	6.9%
Adult	4,881	5,270	7.9%	5,357	1.7%	9.7%
Older Adult	373	385	3.2%	390	1.3%	4.5%

Change in the number and percentages of FSP authorizations for all age groups from Third Quarter to Fourth Quarter are as follows:

Age Group	3Q Totals	4Q Totals	3Q to 4Q Change in # Authorized	3Q to 4Q % Change in Authorizations
	# Authorized in 3Q	# Authorized in 4Q	Change in # of Authorized	Change in % of Authorized
Child	2,490	2,827	337	13.5%
TAY	1,806	2,001	195	10.8%
Adult	4,650	5,357	707	15.2%
Older Adult	364	390	26	7.1%

Field Capable Clinical Services (FCCS)

Field Capable Clinical Services (FCCS) was recently adapted to provide services to age groups other than older adults. This report outlines data collected for FCCS programs for children, TAY, adults, and older adults over the Fourth Quarter.

The following grid outlines Fourth Quarter data for FCCS programs for all age groups.

Program	March 2009	April 2009		May 2009		4Q Totals
	# Served	# Served	% Change from March 2009	# Served	% Change from April 2009	% Change for 4Q
FCCS-Child	88	95	7.9%	108	13.7%	22.7%
FCCS-TAY	50	60	20.0%	70	16.6%	40.0%
FCCS-A	1,446	1,263	-12.6%	1,747	38.3%	20.8%
FCCS-OA	1,973	2,076	5.2%	2,228	7.3%	12.9%

Across age groups, the FCCS program served an additional 1,151 clients over the course of the Fourth Quarter, representing a service increase of 38.3%. Change in the number and percentages clients receiving FCCS services by age group from Third Quarter to Fourth Quarter are as follows:

Program	3Q Totals	4Q Totals	3Q to 4Q Change in # Served	3Q to 4Q % Change in # Served
	Total Served in 3Q	Total Served in 4Q	Change in # Served	Change in % Served
FCCS-Child	40	108	68	70.0%
FCCS-TAY	44	70	26	5.9%
FCCS-A	1,076	1,747	671	62.3%
FCCS-OA	1,842	2,228	386	20.9%

Wellness/Client Run Centers

As of May 31, 2009, approximately 10,589 clients were served through Wellness/Client Run Centers. This is a 46.3% increase from the 7,237 clients served by the end of last quarter. The number of clients served by Wellness/Client Run Centers increased by 17.1% over the Fourth Quarter (March 2009 - May 2009). Eight new Wellness Centers have been added in addition to 3 new sites for existing Wellness Centers Harbor UCLA, Hollywood MHC, and West Valley MHC. The largest increase comes with the addition of Downtown Mental Health. In transforming their outpatient program, they added 1,682 Wellness clients.

The following grid outlines Fourth Quarter data for Wellness/Client Run Centers.

Program	March 2009	April 2009		May 2009		4Q Totals
	# Served	# Served	% Increase from March 2009	# Served	% Increase from April 2009	% Change for 4Q
Wellness/Client Run Support Centers	9,041	9,583	5.9%	10,589	10.5%	17.1%

Each Supervisor
June 12, 2009
Page 8

Change in the number and percentages of clients receiving Wellness/Client Run Centers services from the Third Quarter to Fourth Quarter are as follows:

Program	3Q Totals	4Q Totals	3Q to 4Q Change in # Authorized	3Q to 4Q % Change in Authorizations
	Total # Served in 3Q	Total # Served in 4Q	Change in # Served	Change in % Served
Wellness/Client Run Support Centers	7,237	10,589	3,352	46.3%

The next MHSA implementation status report will be submitted to your Board in September, 2009 and will provide First Quarter data and updates to include the months of June through August 2009.

If you have any questions regarding this report, please contact me at (213) 738-4601, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:RK:DM:DIG

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